

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013302

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2719

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY **Morgan**

c. CITY OR TOWN **Jacksonville**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Luke's Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1010 So. Main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Willard**

Middle **Morris**

Last **Goodrick**

4. DATE OF DEATH

Month **March**

Day **6**

Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/11/1916

9. AGE (last birthday)
46

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10b. KIND OF BUSINESS OR INDUSTRY
Ideal Baking Co.

11. BIRTHPLACE (City and state or country)
Jacksonville, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Fred Goodrick

13b. MOTHER'S MAIDEN NAME

Lora Sargent

14. NAME OF HUSBAND OR WIFE

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mary Goodrick, Jacksonville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Massive Peritonitis; shock; Toxic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hepatitis; pancreatitis; suffered in auto accident in the vicinity of Pittsfield, Ill., on or about Jan. 11, 1963.

DUE TO (c)

Cause and manner of same could not be determined.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
00

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

435 A

to and last saw her him alive on
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
3-8-63

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county)
Jacksonville, Ill.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albert H. Hoppe, Inc., 4700 Washington Blvd.

MAR 8 1963

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Binkley

Licensed Embalmer No. 3657

P. O. Address St. Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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